

Name In Full

Certificate of Death

Richard R Anderson

Town

County

Died at Annapolis

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 April 21st

Age 45

Md

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living Two

Husband of

Wife

Father's Name

Wesley Anderson

Mother's

Maiden Name

64

Cause of

Primary

Arterio-Sclerosis

How long sick

A few hrs

Death

Immediate

Apoplexy

Accident, Suicide, Homicide

Reported by

No. Physician Investigated
by Health Officer

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Elizabeth Bailer

Died at ^{Town} Annapolis ^{County} Ast MARYLAND

Date 1902 April 18th Y. M. D. 5 Native of Md Occupation _____

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband
of
Wife

Father's Name George C Bailer Mother's Maiden Name Mary Elizabeth Thompson

Cause of Death { Primary Trismus Nascentium How long sick Two days
 Immediate Convulsions Accident, Suicide, Homicide

Reported by No. Physician. Investigated
 Address by Health Officer

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name In Full

Certificate of Death

Martha Benz

Town

County

Died at

Annapolis

Act

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

April 4th

Age

65

Md

House-keeper

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Two

Husband

of

Eli Benz

Wife

Father's

Name

Harry Richardson

Mother's

Maiden Name

Elvira Richardson

Cause of

Primary

Paralysis

66

How long sick

Two yrs

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. A. Adams

Undertaker

Address

Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name in Full

Certificate of Death

Sarah Jane Brown

Town

County

Lundrum

MARYLAND

Died at

Annapolis

D.C.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 - 4 - 17

Age

20 - 6 - 2

U. S.

House maid

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Richard Brown

Mother's

Maiden Name

Nancy Jenkins

Cause of

Primary

Tuberculosis of Lung

How long sick

6 months

Death

Immediate

27

Accident, Suicide, Homicide

Reported by

Guy Walter Latimer MD

Address

West River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70008



Thomas John Cortland

Town

County

Died at

Naval Academy, Annapolis, Anne Arundel co.

MARYLAND

Date 19

02 April 27

Y. M. D.

Native of

Occupation

Age

22.5.2

University, Washington

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Acute Endocarditis

78

How long sick

13 days

Death

Immediate

Cerebral Embolism

Accident, Suicide, Homicide

Reported by

L. H. F. Weber M.D.

Surgeon, U. S. N.

Address

Naval Academy

Annapolis, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

George Edward Speak Edgar

Town

County

MARYLAND

Died at

Shady Side

a.d.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

4

17

Age

35-6

Md.

Oysterman

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

One

Husband

of

Wife

Father's

Name

Susan Edgar

Mother's

Maiden Name

Susan Harper

Cause of

Primary

Pneumonia

How long sick

8 Days

Death

Immediate

Syncope

Accident, Suicide, Homicide

Reported by

Dr. Carl B. Boyd

Address

Shady Side

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Alexander Fair

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02.

4

26

Age

69

Canada

Shoe maker

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

General Debility

How long sick

7 weeks

Death

Immediate

Dysentery

154

Accident, Suicide, Homicide

Reported by

Address

Brooklyn

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

Duplicate



John Ed. Farrell

Town

County

Died at

Harwood

aa.

MARYLAND

Date 1902 April 10

Month Day

Age ~~2-1-14~~ 44

Y. M. D.

Native of U.S.

Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Number of children living~~

Husband

Wife

Father's Name

Chas F. Farrell

Mother's

Maiden Name

Unknown

Cause of

Primary

Croup

How long sick

Two hours

Death

Immediate

Accident, Suicide, Homicide

Reported by

Eugene Walter Latimer MD

Address

West River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Fisher

Town

County

Died at

Jennings

Anne Arundel

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4 21

Age about 55

Md

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

by taking Paris green

How long sick

Death

Immediate

supposed to be

~~Accident, Suicide, Homicide~~

Reported by

L. H. E. Harsh Justice of the Peace

Address

Annapolis Junction A. A. County Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hellen B Hall
 Died at Waterbury Town Anne Arundel County MARYLAND
 Date 19 19 4 6 Month Day Y. M. D. Age 20.3.6 Native of Connecticut Occupation School Girl
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single X X Number of children living

Husband of
 Wife David S. Hall
 Father's Name David S. Hall Mother's Maiden Name Zara Evans

Cause of Death { Primary Tuberculosis of How long sick One Year and one month
 Immediate Consumption Accident, Suicide, Homicide

Reported by J W DuBres MD
 Address Gambells MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70608



Name in Full

Certificate of Death

James Hammond
 Died at West River Anne Arundel MARYLAND
 Month Day Y. M. D. Native of Occupation
 Date 19 02 April 27 Age 45 — — USA Laborer
 Male yes White Married yes Widow Divorced
 Female — Colored yes Single Widower Number of children living five

Husband of Isabella Hammond
 Wife
 Father's Name Gas Hammond Mother's Maiden Name Isabel Johnson
 Cause of Death { Primary Consumption How long sick 2 yrs
 Immediate 27 Accident, Suicide, Homicide

Reported by Samuel Walter Palmer MD
 Address West River Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Alexander Hart
 Town County

Died at Annapolis A S MARYLAND

Date 1902 April 17 Y. M. D. Native of New York City Occupation Cigar Maker
 Male White Married Widowed
 Female Colored Single Widower Number of children living

Husband of Sarah E. Hart
 Wife
 Father's Name Mother's Name 40

Cause of Death Primary Immediate Cancer of Stomach
 How long sick 6 months
 Accident, Suicide, Homicide

Reported by A. H. Revalton M.D.
 Address 25 Calley on Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Dr Prachon
Dr Hudson

Died at West Annapolis, Anne Arundel MARYLAND
 Town County
 Date 1902 April Month Day | Y. M. D. | Native of Maryland | Occupation _____
 Age 0 1
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of _____
 Wife

Father's Name Chas. Hill Mother's Maiden Name 54

Cause of Death { Primary Anaemia Immediate Exhaustion } How long sick 2 weeks
 Accident, Suicide, Homicide

Reported by W. Cleaver Claude M.D.
 Address 5 St. John Street

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Cherrona Jacobs
 Died at *Secord District* Town *St. Albans* County *MARYLAND*

Date 1902 *April 14* Month *April* Day *14* Y. *2* M. *9* D. *MD* Native of *MD* Occupation
 Male *White* Married *Widow* Divorced *Widower*
 Female *Colored* Single *Number of children living*

Husband of

Wife

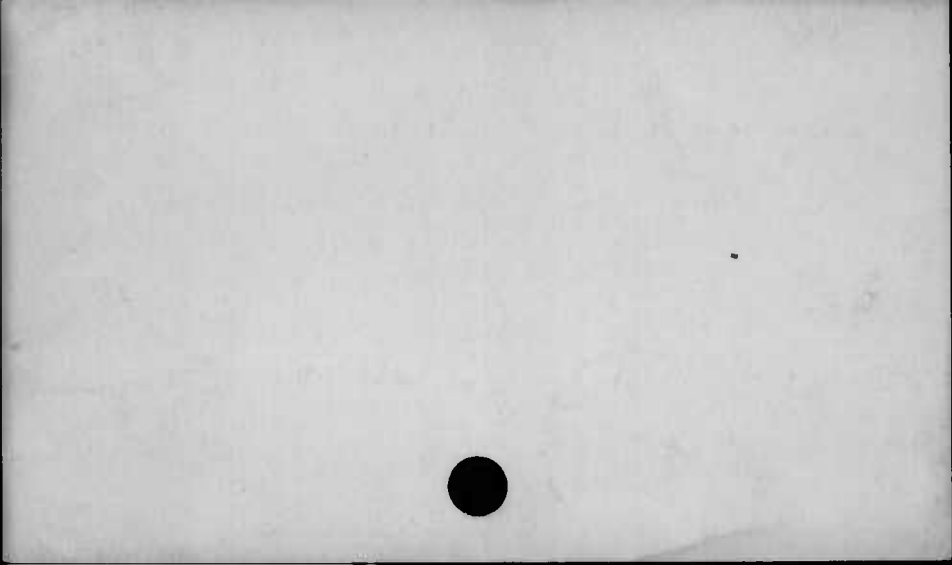
Father's Name *William Jacobs* Mother's Name *Florence Carroll*
 Maiden Name

Cause of Death { Primary *Consumption* Immediate *2* How long sick *2 years 8 months*
 Accident, Suicide, Homicide

Reported by

Address

Hammond Bell
Hammond Bell
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Singleton Jennings

Town

County

MARYLAND

Died at Annapolis

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 April 17th

Age 93 yr

Md

Male

~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of Lucy Duckett

Wife

Fether's Name unknown

Mother's

Maiden Name

unknown

Cause of Primary

Senility

How long sick

Death Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by Hammond & Ball Undertaker

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William Johnson

Town

County

Died at

MARYLAND

Date 1902 April 24th Y. M. D. Age 6 weeks Native of Md. Occupation
 Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Lloyd Johnson

Florence Strickland

Cause of

Primary

Tuberculosis

How long sick

Since birth

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

John Ridout M.D.
 Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



Thomas E. Martin

Town

County

Died at Annapolis Anne Arundel MARYLAND

Date 1902 April 20 Y. M. D. 90 4 6 Native of Md. Occupation Editor
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 2

Husband of Sarah W. Bixby
 Wife
 Father's Name Thomas Martin Mother's Name Ruth

Cause of Death Primary Paralysis Immediate Astero Schlerosis
 How long sick 3 weeks
 Accident, Suicide, Homicide

Reported by H R Walter M B

Address Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

James Norwood Melcher

Town

County

Died at

Annapolis

MARYLAND

Date 1902 Month Day Y. M. D. Native of Occupation
 02 Apr 7 - - 7 Annapolis
 Male White ~~Married~~ Widow Divorced
~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband
of

Wife

Father's Name Louis M Melcher Mother's Maiden Name Grace Norwood

Cause of Death { Primary Trismus Nascentium How long sick 2 days
 Immediate Convulsions ~~Accident, Suicide, Homicide~~

Reported by

Wm S. Welch M.D.

Address

Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Naturah Murray

Town

County

MARYLAND

Died at

*West River**aa*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

*02**april**22*

Age

*86-1-14**U.S.**nothing*~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Old age

Death

Immediate

Heart failure

How long sick

2 yrs~~Accident, Suicide, Homicide~~

Reported by

Samuel Waller Latimer MD

Address

Sub West River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

O. Connell

Chiles

MARYLAND

Died at ^{Town} East Port

County

Y. M. D.

Native of

Occupation

Date 19 02 April 2125

Age

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Premature Birth

How long sick

One day

Death

Immediate

Asthenia

Accident, Suicide, Homicide

Reported by

John Ridout M D

Address

Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Cassie Parkinson

Town

County

Died at Annapolis, Anne Arundel Co MARYLAND

Date 1902 April 14th Y. M. D. Age 74 to 75 yrs Native of Maryland Occupation Housewife

~~Male~~ White Married ~~Widow~~ Divorced

Female Colored Single ~~Widower~~ Number of children living 5

Husband of Thos. Parkinson

Wife

Father's Name Benjamin Frazier Mother's Name Quit first out.

Maiden Name

Cause of Death { Primary Gastritis 104 How long sick Many months

Immediate Manition & Asthema

~~Accident, Suicide, Homicide~~

Reported by F. H. Thompson M.D.

Address 93 Church St. Annapolis, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Phelepe

Town

County

MARYLAND

Died at Annapolis

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 April 5th

Age

9

4

Md

6

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Charles Phelepe

Mother's

Maiden Name

Annie Boze

Cause of

Primary

cardiac Disease

How long sick

A few minutes

Death

Immediate

Syncope

Accident, Suicide, Homicide

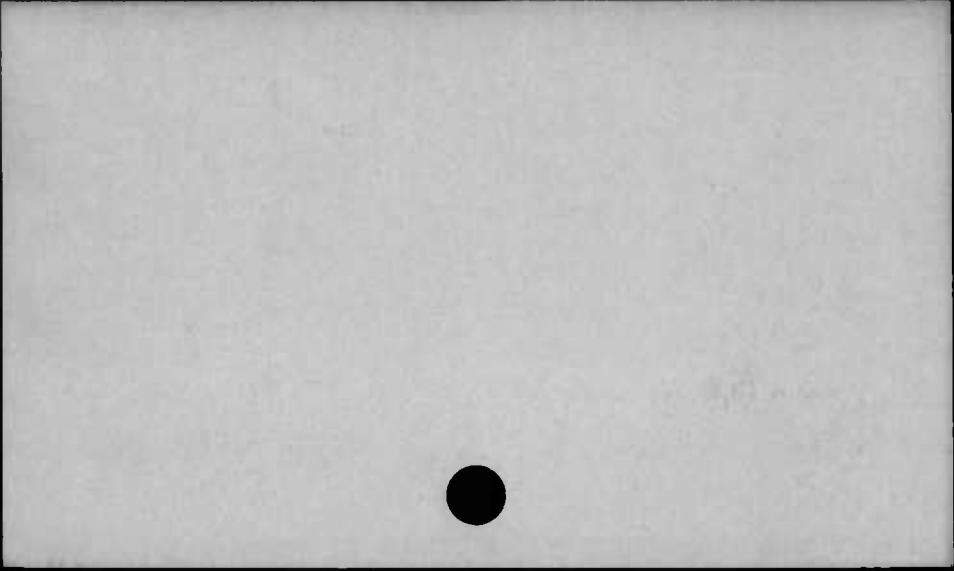
Reported by

Hammond Ball Undertaker

Address

Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town

County

Died at

MARYLAND

Date 19

Month Day

Y. M. D.

Native of

Occupation

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Queen

Town

County

Died at

Waterbury Anne Arundel

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4

3

Age

one hour

Md

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name Andrew Leven

Maiden Name

Lola Diggs

Cause of

Primary

Inanition

How long sick

one hour

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

Queen Hawkins. Midwife

Address

Waterbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79838



Name in Full:

Certificate of Death

Rebecca Randall

Town

County

Died at

Annapolis

Anne Arundel

MARYLAND

Date ~~1902~~ April 28 Y. M. D. Native of City Occupation Domestic

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living 3

~~Husband~~

of

Wife

Father's

Name

Edward Fox

Mother's

Name

Elizabeth Coates

Cause of

Primary

Asthma

How long sick

4 months

Death

Immediate

Brights disease

Accident, Suicide, Homicide

Reported by

William Bishop M D

Address

12 Church

Cude

1020

Must be signed by physician, if any in attendance, otherwise

coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Michael Riley

Died at ^{Town} *House of Correction* ^{County} *Anne Arundel* *MARYLAND*

Date 19 *02* Month *4* Day *5* Age *38* Y. M. D. *MD* Native of *MD* Occupation *Laborer*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Number of children living *—*

Husband of *—*

Wife *—*

Father's Name *—* Mother's Maiden Name *—*

Cause of Death { Primary *Tuberculosis* *2* How long sick *2 Months*

Death { Immediate *Hemorrhage* Accident, Suicide, Homicide

Reported by *C. J. Carries MD.*

Address *Perrygo, Md.* Physician in charge *House of Correction*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name in Full

Certificate of Death

Elizabeth Ring
 Town County

Died Near Shipley Sta.

Anne Arundel MARYLAND

Date	1902	Month	Day	Age	Y.	M.	D.	Native of	Occupation
		April	2	54	—	—	—	Md.	Housewife
Male	White	Married	Widow	Divorced					
Female	Colored	Single	Widower	Number of children living 8					

Husband of John W. Ring

Wife
 Father's Name ——— King ———

Mother's
 Maiden Name ———

Cause of Death { Primary Arterio Sclerosis
 Immediate Cerebral hemorrhage

How long sick
 27 hours

Accident, Suicide, Homicide

Reported by Wm. R. Eareckson

Address Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edward Thornton Ross

Town

County

Died at

Md House of Correction

Annie Arundel

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4

25

Age

48

-

Md

Laborer

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living not known

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Carcinoma of Stomach

How long sick

2 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

C.P. Carried Md.

Address

Jesse - Md.

Physician in charge of
Md House of Correction

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name In Full

Certificate of Death

Harriet Scott

Town

County

Died at

Annapolis

Anne Arundel

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Sep. 17

Age

40 - -

Annapolis Housewife

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

4

~~Husband~~
of~~Wife~~

Father's

Name

William Scott

Mother's

Maiden Name

Rebecca Mitchell

Cause of

Primary

La Grippe

How long sick

Four days

Death

Immediate

Weakness

~~Accident, Suicide, Homicide~~

Reported by

A. M. E. Campbell M.D.

Address

10 M. D. D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month Day

Age

Y.

M.

D.

Native of

Occupation

Married

Widow

Divorced

Single

Widower

Number of children living

MARYLAND

of

Daniel Simon

Maiden Name Mary Emma Buller

Primary

Immediate

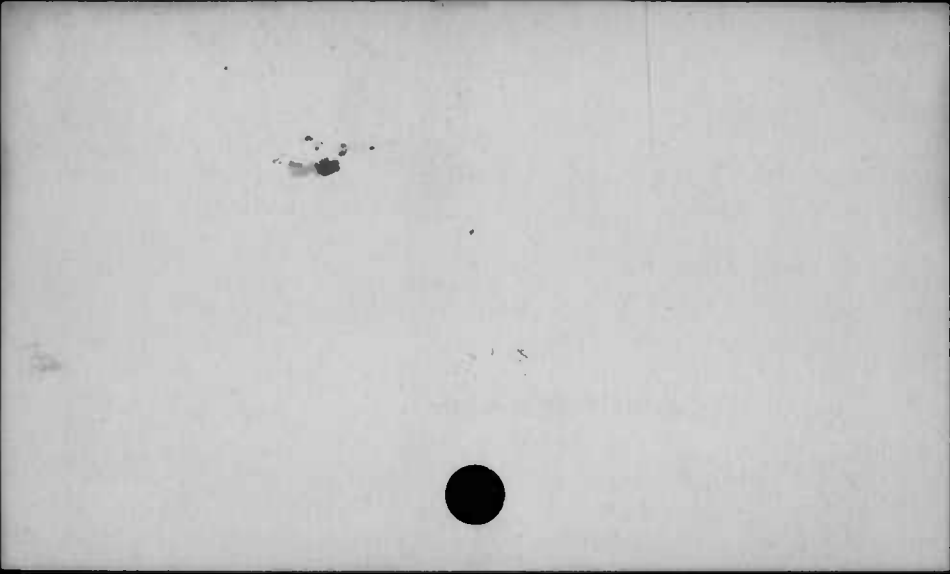
How long sick

1 month

Accident, Suicide, Homicide

Samuel S. Hatch Jr & Coroner

Eastport Maryland



Sarah Matilda Smith

Died at ^{Town} Shady Side ^{County} A. A. Co. MARYLAND

Date 1902 ^{Month} 8 ^{Day} 4 Age 72-1-^{Y.} ^{M.} ^{D.} ^{Native of} Md. ^{Occupation}

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
 Female ~~Colored~~ ^{Single} ~~Widower~~ Number of children living 3

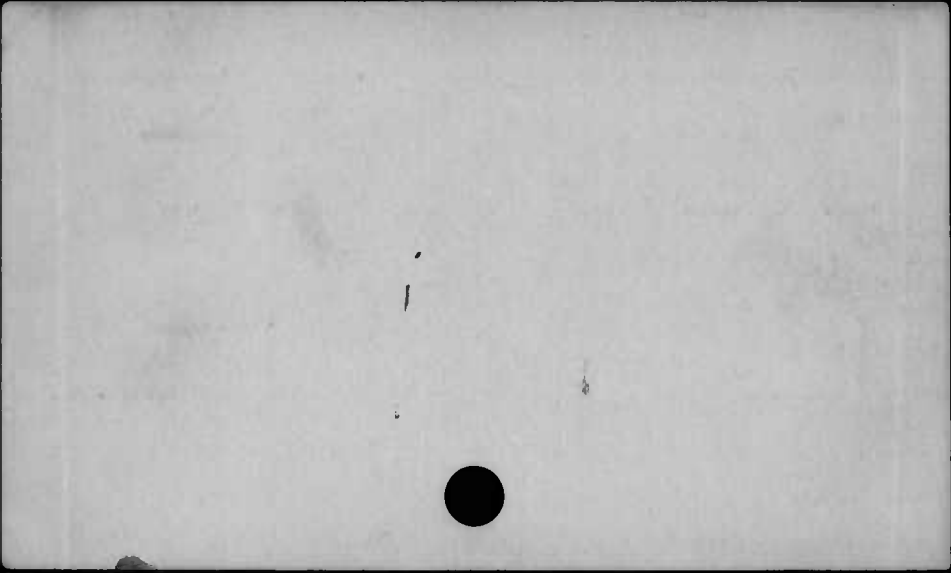
Husband of John Smith
 Wife
 Father's Name Benjamin Kirby Mother's Maiden Name Rebecca Haines

Cause of Death { Primary Pneumonia
 Immediate Exhaustion

How long sick 1 week
 Accident, Suicide, Homicide

Reported by Dr. C. B. Boyd
 Address Shady Side Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Joanna Sparrow

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 April 18 Age 2 Anne Trundel

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Chas. Spriggs

Town

County

Died at Richman

D.C.

MARYLAND

Date 1901 4 - 10

Month

Day

Age 13 - - -

Y.

M.

D.

Native of

Occupation

U.S.

Farmer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Name

Mother's

Maiden Name

Philip Spriggs

Maiden Name

Harriett Owing

Cause of Primary

Tuberculosis of lung

How long sick

6 months

Death Immediate

~~Accident, Suicide, Homicide~~

Reported by

Eugene Walter Katermer M.D.

Address

West River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892



Name in Full

Certificate of Death

Emma Stallings

Town

County

Died at May Anne Arundel. Co.

MARYLAND

Date 19 02 April 28 Age 46 Native of Md Occupation Housewife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 7

Husband of James Stallings

Wife

Father's Name Alfred Wheeler Mother's Name

Cause of Death Primary La Grippe Immediate Pneumonia

How long sick 8 days

Accident, Suicide, Homicide

Reported by John Collinson

Address South River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Henry Sullivan

Town

County

Died at MD House of Corrections Anne Arundel MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4

4

Age

22

—

Ga

—

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Uraemia

120

How long sick

4 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

C. J. Carver MD

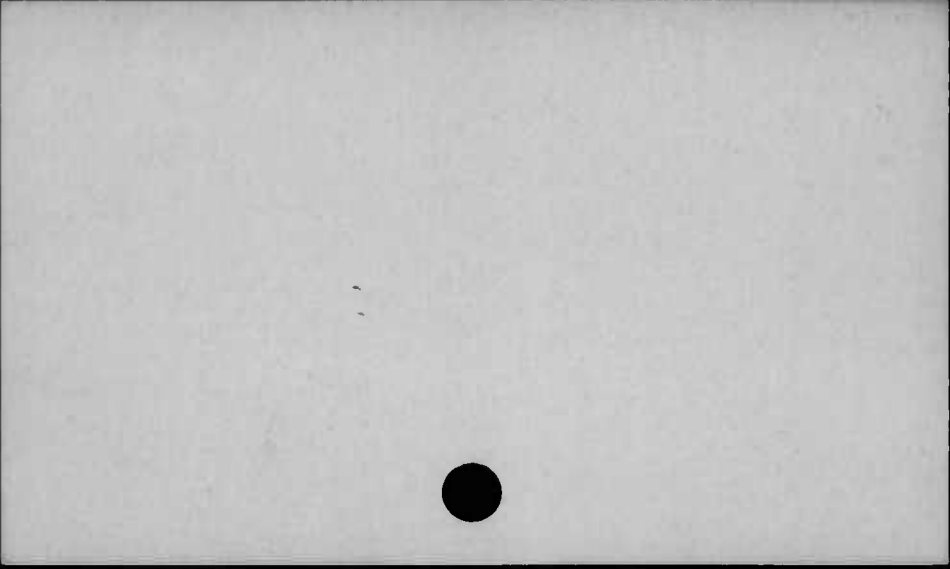
Address

Jessup, Md, Physician in charge of

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

MD House of Corrections

LIBRARY BUREAU, 70808



Name In Full

Certificate of Death

Columbus Thompson

Town

County

Died at

Churchton

MARYLAND

Date 1902 Apr. 15 Age 56 -- --

Month Day Y. M. D. Native of Occupation

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~ ~~Widower~~ Number of children living 2

Female ~~Colored~~ ~~Single~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79289



Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Tuberculosis

How long sick

8 Mos.

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ellen Augusta Werutzy

Town

County

MARYLAND

Died at

Annapolis

Anne Arundel Co

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

April 12

Age

63 11

Penn.

Wm

Male
FemaleWhite
ColoredMarried
SingleWidow
Widower

Number of children living Three

Husband

of

P. H. Werutzy

Wife

Father's
Name

Adam Walters

Mother's
Maiden Name

Margaret Holloway

Cause of

Primary

Death

Immediate

Pneumonia

How long sick

Eight days

Accident, Suicide, Homicide

Reported by

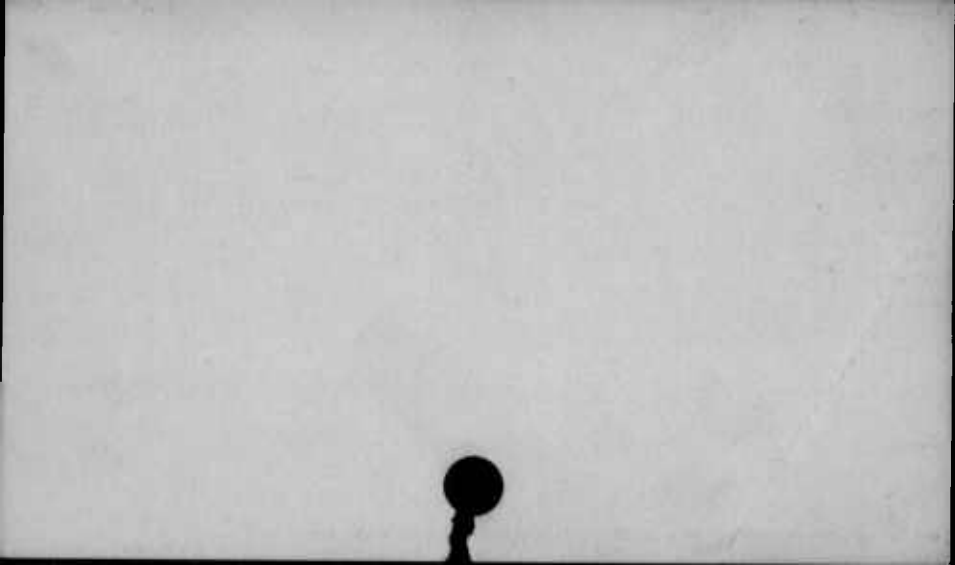
Geo. Wells M.D.

Address

Annapolis

On 4

Must be signed by physician, if any in attendance, otherwise by , er, undertaker or minister.



John Weston
 Town Yellowaway County Anne Arundel MARYLAND

Died at
 Date 1912 April 24 | Age 88 - - | U.S.A. | Laborer
 Month Day Y. M. D. Native of Occupation

Male ☒ Female ☒ White ☒ Colored ☒ Married ☒ Single ☒ Widower ☒ Divorced ☒ Number of children living four

Husband of Rachel Weston
 Wife
 Father's Name Philip Weston Mother's Maiden Name unmarried

Cause of Death { Primary Pneumonia 93
 Immediate
 How long sick 9 days
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Arie Wheeler

Town

County

MARYLAND

Died at

Mayo

Anne Arundel

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

April 20

Age

54

Md

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Edward Wheeler

10

Wife

Father's

Name

Mother's

Maiden Name

Sallie Kempt

Cause of

Primary

La Grippe

How long sick

9 days

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

John Callison

Address

South River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James S Williams

Died at ^{Town} Annapolis^{County} AA

MARYLAND

Date 1902 ^{Month} April ^{Day} 13 ^{Y.} ^{M.} ^{D.} ^{Age} 2 ^{Native of} Md ^{Occupation}

Male ^{White} ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name James S Williams ^{Mother's Maiden Name} Susan Knott

Cause of Death { ^{Primary} Premature Birth ^{How long sick} Two days
^{Immediate} Asthenia ^{Accident, Suicide, Homicide}

Reported by John Ridout M D

Address Annapolis Md

151

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Bona Witt

Town

County

Died at

Mayo Anne Arundel

MARYLAND

Date 19

02 April 24

Age

35

Native of

Md

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

William Witt

Wife

Father's

Name

Henry Benzine

Mother's

Maiden Name

Catherine Sherwood

Cause of

Primary

Kidney Trouble

How long sick

9 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

John Collinson 93

Address

South River Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

